PLACE OF BIRTH STANDARD CERT unity. triet or Tompship No	State Fill 10. ITAL STATISTICS IFICATE OF BIRTH State or Village
1 name William Kelsie Branham	14. MOTHER Full maiden name Heneva Juvellel
Residence (Usual place of abode) f non-resident, give place and state. Color or race 11. Age at last birthday	15. Residence (Usual place of abode) If non-resident, give place and state. 16. Coloror race 17. Age at last birthday 30. (Years) 18. Birthplace (city or place) (State or country) 19. Occupation Nature of industry
	nd now living 21. Were precautions taken against oph- ut now dead 0 thalmia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFES hereby certify that I attended the birth of this child, who was formula at 3:15 ft. m. on the date above stated. *When there was no attending physician rollider, then the father, householder, to, should make this return. A stillborn hild is one that neither breathes nor hows other evidence of life after birth. Signature *Month, day, year *Month, day, year *Filed 8/7 *Registrar *Registrar	

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